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A N N U A L R E P O R T

ON THE

HEALTH OF THE CITY

BY



A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.

MEDICAL OFFICER OF HEALTH

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THE HEALTH COMMITTEE 1952.

CITY COUNCIL MEMBERS.

Chairman - Alderman Dr. W. Moore Ede.
Vice-Chairman - Alderman Dr. Spalding.
The Mayor - Councillor William Francis Holloway.

Alderman Bennett.
Alderman Euilt.
Alderman Bullock.
Alderman Mrs. Urry.

Councillor Bird.
Councillor Brotherton.
Councillor Daniel.
Councillor Miss Dorroll.
Councillor Evans.
Councillor Exall.
Councillor Phillips-Broadhurst.
Councillor Powell.
Councillor Mrs. Ratcliffe.
Councillor Rea.
Councillor Trembath.
Councillor Watts.
Councillor Weaver.

NON-COUNCIL MEMBERS. (Nominated by Local Executive Council).

Representing the Medical Profession.	Dr. D. M. Brierley. Dr. A. B. Milligan. Dr. M. Norton.
Representing the Dental Profession.	Major H. M. Griffiths.
Representing the Ophthalmic Profession.	Mr. I. Lloyd Johnstone.
Representing the Pharmaceutical Profession.	Mr. G. A. Turner.

HEALTH SUB-COMMITTEES.Accounts.

Alderman Built	Councillor Brotherton.
Alderman Moore-Ede.	Councillor Mrs. Ratcliffe.
Alderman Spalding.	Councillor Watts.

Property Inspection and Housing Allocation.

Alderman Bullock.	Councillor Daniel.
Alderman Moore-Ede.	Councillor Miss Dorrell.
Alderman Spalding.	Councillor Mrs. Ratcliffe.
Alderman Mrs. Urry.	Councillor Trembath.
	Councillor Weaver.

Staffing.

Alderman Bennett.	Alderman Spalding.
Alderman Built.	Councillor Phillips-Broadhurst.
Alderman Bullock.	Councillor Mrs. Ratcliffe.
Alderman Moore-Ede.	

Baths.

Alderman Bullock.	Councillor Evans.
Alderman Moore-Ede.	Councillor Powell.
Alderman Spalding.	Councillor Trembath.
Councillor Brotherton.	Councillor Watts.
Councillor Miss Dorrell.	Mr. B. Whenman.

Midwifery, etc.

Alderman Bennett.	Councillor Miss Dorrell.
Alderman Built.	Councillor Mrs. Ratcliffe.
Alderman Moore-Ede.	Councillor Trembath.
Alderman Spalding.	Dr. Milligan.
Alderman Mrs. Urry.	Dr. M. Norton.

Mental Health Services.

Alderman Bullock.	Dr. Brierley.
Alderman Moore-Ede.	Mr. T. H. Griffiths.
Alderman Spalding.	Mr. W. H. Jones.
Councillor Brotherton.	Miss J. Tree.
Councillor Evans.	

Health Centres.

Alderman Bullock.	Dr. Duncan.
Alderman Moore-Ede.	Rev. E. H. Downey.
Alderman Spalding.	Mr. R. M. Hall.
Councillor Daniel.	Mr. E. R. H. Harris.
Councillor Exall.	Dr. Milligan.
Councillor Mrs. Ratcliffe.	Dr. Mills.

PUBLIC HEALTH DEPARTMENT STAFF, 1952.

MEDICAL OFFICER OF HEALTH and SCHOOL MEDICAL OFFICER.	A.J.B.Griffin, M.B., Ch.B., D.P.H.
ASSISTANT MEDICAL OFFICERS OF HEALTH.	E.G. Henderson, M.B., B.Ch., B.A.O., D.P.H. (a)
	M.K.E. Allington, B.A., M.B., B.Ch., D.C.H. (a)
CHEST PHYSICIAN (part-time)	Dr. E.N.Moyes, Chest Physician, Regional Hospital Board.
CHIEF DENTAL OFFICER.	Cleland MacFarlane Burleigh, L.D.S. (a)
DENTAL OFFICER.	Miss B. Jacques, L.D.S. (a)
DENTAL RECEPTIONISTS.	Miss R. J. Tarbuck. (a) Miss M. A. Hunt (Commenced duty on 30th June 1952) (a)
PUBLIC ANALYST.	Mr. M.M.Love, F.R.I.C. - County Analyst. (See 1951 Report).
CHIEF SANITARY INSPECTOR.	Mr. P.L.Parsons. (b) (c)
DEPUTY CHIEF SANITARY INSPECTOR.	Mr. T.W.Marsden. (b) (c) (j) (k)
DISTRICT SANITARY INSPECTORS.	Mr. J.H.Benjamin. (b) (c) (j) Mr. H. Jackson (b) Mr. R.J.Morse (Commenced duty 11th Aug.1952). (b) (c) Mr. I.J.Lambe (resigned 30th April 1952) (b) (c) (l) (m)
TUBERCULOSIS NURSE.	Mrs. M.W.Cotterill. (Joint Ap- pointment Regional Hospital Board).
HEALTH VISITORS and SCHOOL NURSES.	Miss D.M.Catlin. (a)(d)(e)(f)(h) Miss A.C.Cope. (a) (d) (e) (f) Miss M. Gasquet. (a) (d) (e) (f) Miss S. Eastman. (Commenced duty 23rd June 1952). (a) (d) (e) (f) Mrs. M.L.Hayton (Temporary ap- pointment - commenced on 24th March 1952). (a) (e) Mrs. V.W.Anderson. (Resigned 2 Aug.1952). (a) (d) (e) (f) Miss V.Moon. (Resigned 22 Feb. 1952). (a) (d) (e) (f)
SUPERINTENDENT NURSING INSTI- TUTE & NON-MEDICAL SUPERVISOR OF MIDWIVES	Miss E.M.Bazley. (d) (e) (f) (g)
ASSISTANT SUPERINTENDENT NURSING INSTITUTE.	Miss H. M. Downes. (d) (e) (g)
CLERK AT NURSING INSTITUTE.	Miss M.M.Parsons.

PUBLIC HEALTH DEPARTMENT STAFF, 1952. (Contd.)

DOMICILIARY MIDWIVES	Mrs. F.M.Langley	(d)	(c)
	Miss M.L.Thompson	(d)	(c)
	Miss E.M.Cooper.	(d)	(c)
	Mrs. M.Ellis.	(d)	(c)
	Miss M.Schranz	(Resigned 31 Oct.1952) (c).	
MIDWIVES - NURSING INSTITUTE.	Miss K.M.Vigour.	(d)	(c) (c)
	Miss J. Phillips.	(Resigned 31 Aug.1952) (d) (c) (c)	
CHIEF CLERK.	Mr. P. M. Christian.		
ASSISTANT CLERKS	Mr. J.A.Everett.		
	Mr. J. Tolley.		
	Miss E.C.Griffin.		
	Miss S. Fisher.		
	Miss D.S.Cottrell	(Commenced duty 1 April 1952).	
	Miss P.Porter.	(Commenced duty 21 April 1952).	
	Miss V.Jones.	(Resigned 1 April 1952).	
	Miss H.F.M.Bale.	(a)	
	Mrs. I. Keegan.	(a)	
	Miss P. Fairbairn.		
	Miss V.Cragan.	(Commenced duty 3 Nov. 1952). (a).	
	Miss M.G.Doyle.	(Resigned 25 Oct.1952) (a).	
DULY AUTHORISED OFFICERS.	Mr. A.E.Turner.		
	Mr. J.A.Everett.	(n)	
DISINFECTOR, VAN DRIVER, etc.	Mr. C.A.Webb.		
RODENT OFFICER.	Mr. P. Rowberry.		
DAY NURSERIES - Matrons.	Miss C. Pain	(i)	
	Miss S.M.Parry.	(Commenced duty 16 June, 1952) (i)	
	Miss M.E.Partridge.	(Commenced duty 30 June 1952) (i)	
	Miss B.Lavender.	(Resigned 4 June 1952).(i)	
	Miss H.Haines.	(Resigned 30 June 1952). (i)	
Deputy Matrons.	Miss M.Grievos.	(i)	
	Miss M.Miles.	(i)	
	Miss H.J.Davis.	(Commenced duty 20 Nov. 1952). (i)	
	Miss J.A.Nobsby.	(Resigned 20 Nov.1952)(i)	

- (a) Joint appointment - Maternity and Child Welfare and School Medical Service.
- (b) Inspector's Certificate of Royal Sanitary Institute.
- (c) Certificate of Royal Sanitary Institute for Inspecting of Meat and Other Foods.
- (d) Certificate of Midwives Board.
- (e) State Registered by Examination.
- (f) New Health Visitors' Certificate.
- (g) Queen's Nurse.
- (h) Senior Health Visitor.
- (i) Norland Trained Nursery Nurse.
- (j) School Inspectors' Certificate.
- (k) Sanitary Science as applied to Buildings and Public Works.
- (l) Certificate of Royal Institute of Public Health and Hygiene.
- (m) Royal College of Preceptors Senior Certificate (Distinction).
- (n) Relief duties only.

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THE
REPORT OF
THE MEDICAL OFFICER OF HEALTH FOR THE
YEAR 1952

To the Right Worshipful the Mayor, Aldermen and Councillors of the City of Worcester.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report on the Health of the City for the year 1952.

There is a departure from the normal form of presentation. This arises from the Ministry of Health request for a Special Survey Report on the Local Health Services provided under the National Health Service Acts.

This Survey Report, designed for inclusion in the customary Annual Report, had to be submitted in advance.

The Survey appears, exactly as presented to the Ministry, in its appropriate place in the Annual Report. Should any items be elsewhere duplicated, I ask the indulgence of my readers.

At the risk of wearying by repetition, I refer again to the colossal expenditure under the National Health Service Act on the cure of disease, compared with the trifling amounts spent on its prevention.

This inverted policy of treating effects instead of dealing with causes is paralleled by the use of "smog" masks to protect the public against preventable smoke nuisance.

In his recently published book on "Our National Ill Health Service" Sir Sheldon Dudley contends that "out of the extra £400 million of the tax-payers' money which has been voted for the National Health Service more than 95% is spent on the unhealthy and less than 5% on preserving the health of the healthy".

The greater the expenditure on curing disease, the greater is the failure to secure natural health, which our national habits do little to promote.

The widespread use of hypnotics alone is a measure of our inability to secure natural sleep by natural methods.

The appointment of a whole-time officer - preferably with medical qualifications - to concern himself with public health propaganda alone would be a worthwhile investment in a City of this size. I have little doubt that his salary could be more than recouped indirectly by reduced payment of sickness benefits.

Staff shortages, affecting from time to time different sections of the department have hampered its effectiveness, and though a prodigious amount of routine detail work has been done, there has been little opportunity to "survey the scene", to observe the faults in the machinery, and, more important, to develop new trends and experiments in preventive medicine.

I have been concerned at the continued difficulty in securing a full complement of health visitors - a difficulty which is by no means a local one.

Although since the advent of the National Health Service Act these highly qualified nurses spend an increasing amount of their working time as social welfare workers; their major concern must remain with the child and mother. A shortage of health visitors means a shortage of health educators in maternal and child health. It is not without significance that our infant death rate has risen to 28.3 from the record lowest figure of 21.4 in 1950.

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The major vital statistics are satisfactory and the City was free from serious epidemic disease throughout the year, although there were five cases of poliomyelitis with paralytic symptoms.

Diphtheria, which in my early days as Medical Officer of Health used sometimes to kill 25 children annually, did not claim a single victim.

More attention has been paid to food control and there has been a steady, though not spectacular, all-round improvement in food handling.

The problem of the slums still awaits solution and, with most of the unfit houses already known to us, we eagerly await the government signal for the final assault.

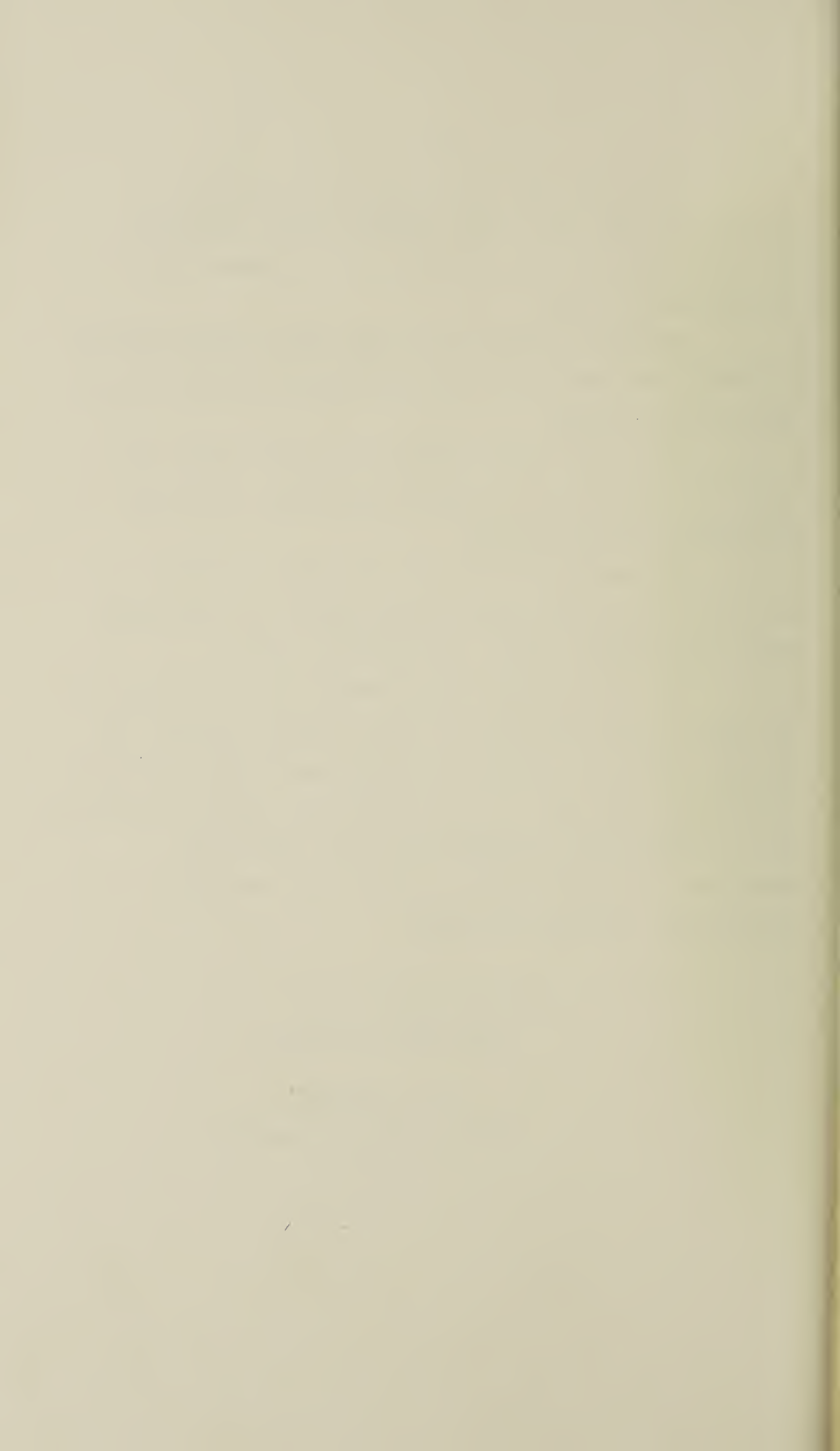
My thanks are due to the Council and Health Committee for their interest and support in public health matters; to my local government colleagues in other departments for helpful co-operation, but most of all to every single member of my staff, who by conscientious discharge of duty has enabled the department to serve the public, with I hope, reasonable satisfaction, throughout the year.

I have the honour to be

Your obedient servant,

A.J.B. GRIFFIN.

Medical Officer of Health.



SECTION I.GENERAL STATISTICS.

Area (in acres)	6114
Estimated Population	62630
Constructed Population	61980
Number of inhabited houses	18202
Rateable value of the borough	£460501
Product of a Penny Rate	£1839

VITAL STATISTICS.

	<u>City of Worcester.</u>	<u>England & Wales.</u>
Deaths (all causes)	673	
Death rate per 1,000 population	10.53	11.3
Births	989	
Birth rate per 1,000 population	15.5	15.3
Stillbirths	31	
Still Birth Rate (per 1,000 total live and still births)	30.4	22.6
Infant Deaths	28	
Infant Death Rate (number of deaths per 1,000 live births)	28.3	27.6
Maternal Deaths	Nil	
Maternal Death Rate (number of deaths of mothers per 1,000 live births)	Nil	0.72
Death rate from all forms of Tuberculosis	0.306	0.24

COMMENT UPON STATISTICS.Population

The Registrar General's figure of estimated population for mid-year 1952 was 62630 or an increase over 1951 of 2530.

In addition to an increase of births over deaths of 316 during 1952 the City population was increased by some 1188 persons brought in by the extension of the boundary in April 1952.

Population (Cont.)

For the purpose of calculating vital statistics the Registrar General has supplied a "constructed population" figure of 61980, which is approximately equal to three quarters of the difference between the 1951 and 1952 population figures.

The estimated mid-year population of 62630 spread over the 18202 available dwelling houses gives density per house of 3.44 only.

This low figure discounts any suggestions of general overcrowding, emphasises the factor of population distribution in relation to localised overcrowding and points the way to caution in building policy.

The conclusion I personally draw is that the municipal building effort in the future may be mainly concerned with rehousing for slum clearance needs.

BIRTHS

<u>Year</u>	<u>Number of Births</u>	<u>Rate per 1,000 population.</u>
1942	1005	16.3
1943	1025	16.8
1944	1205	20.2
1945	1073	18.3
1946	1228	20.4
1947	1256	20.66
1948	1118	18.16
1949	999	14.5
1950	979	15.6
1951	908	14.55
1952	989	15.5

The Births assigned to the City exceeded by 81 the total for the previous year. The ecstatic peaks of the immediate post war years would seem to have been replaced by more sober levels, the attraction of children's allowances being possibly offset in the minds of young married people by the unknown potentialities of the Atomic Age. The quondam middle classes have never caught up with the cost of living and their fertility have suffered accordingly.

DEATHS.

The death rate fell to a new low level of 10.53 per 1,000; the effects of the internal combustion engine being more than offset by the successes of modern medicine, both curative and preventive.

DEATHS (Cont.)

The following table gives the causes of deaths in accordance with the abridged table of the Registrar General.

Years	0+	1+	5+	15+	25+	45+	65+	75+	Total
1. Tuberculosis, respiratory.	-	1	-	1	7	9	-	-	18
2. Tuberculosis, other.	-	1	-	-	-	-	-	-	1
3. Syphilitic disease.	-	-	-	-	-	1	-	1	2
4. Diphtheria.	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	--
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases.	-	-	-	-	1	-	-	-	1
10. Malignant neoplasm, stomach.	-	-	-	-	-	5	5	5	15
11. Malignant neoplasm, lung, bronchus	-	-	-	-	2	7	5	2	16
12. Malignant neoplasm, breast.	-	-	-	-	1	6	3	7	17
13. Malignant neoplasm, uterus.	-	-	-	-	1	1	1	2	5
14. Other malignant and lymphatic neoplasms.	-	-	-	1	3	16	23	17	60
15. Leukaemia, aleukaemia.	-	1	1	-	-	2	1	-	5
16. Diabetes.	-	-	-	-	-	2	2	2	6
17. Vascular lesions of nervous system.	-	-	-	-	-	25	41	45	111
18. Coronary disease, angina.	-	-	-	-	1	17	31	33	82
19. Hypertension with heart disease.	-	-	-	-	-	5	8	7	20
20. Other heart diseases.	-	-	-	1	-	11	44	67	123
21. Other circulatory diseases.	-	-	-	-	-	8	7	10	25
22. Influenza.	-	-	-	-	-	1	-	-	1
23. Pneumonia.	5	-	-	-	1	-	1	10	17
24. Bronchitis.	2	-	-	-	-	11	18	15	46
25. Other diseases of respiratory system.	-	-	-	-	1	-	1	-	2
26. Ulcer of stomach and duodenum.	-	-	-	-	2	3	-	2	7
27. Gastritis, enteritis and diarrhoea.	3	-	-	-	-	-	-	-	3
28. Nephritis and Nephrosis.	-	-	-	-	1	-	1	2	4
29. Hyperplasia of prostate.	-	-	-	-	-	-	2	2	4
30. Pregnancy, child-birth, abortion	-	-	-	-	-	-	-	-	--
31. Congenital malformations	3	-	-	-	-	-	1	-	4
32. Other defined and ill-defined diseases.	14	-	1	1	2	8	9	19	54
33. Motor vehicle accidents	-	-	1	1	3	1	-	-	6
34. All other accidents.	1	-	3	-	1	3	1	4	13
35. Suicide.	-	-	-	-	-	3	2	-	5
36. Homicide and operations of war.	-	-	-	-	-	-	-	-	-
	28	3	6	5	27	145	207	252	673

DEATHS (Cont.)Communicable Diseases.

Deaths from communicable diseases excluding tuberculosis were from the following conditions:-

Syphilis	2	Influenza	1
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Heart Disease

Heart disease was the greatest single killer.

Cancer.

Cancer produced 113 deaths with a mean age at death of 71, which makes one think of it almost of a way of dying rather than a cause of death. In these deaths from cancer the sites of the disease were as listed below:-

Cancer of uterus	5
Cancer of stomach and duodenum	15
Cancer of breast	17
Cancer of rectum	7
Cancer of bronchus, lung	16
Cancer of colon	18
Cancer of ovary	4
Cancer of prostate	4
Cancer of liver	4
Cancer of oesophagus	4
Cancer of all other sites	19
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	113
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Tuberculosis.

Tuberculosis caused only 19 deaths, although the local rate was still a little higher than that for England and Wales.

Violent Causes.

Violent causes produced 24 deaths including six from motor vehicle accidents and five suicides, coal gas being the more favoured method of exit. Road deaths continue to be preventable but not prevented. The increasing number of suicides in a feather-bedded welfare state is disturbing, and all sorts of guesses may be hazarded at the cause, varying from Atomic Age pessimism to inability to use an increased amount of leisure time following the adoption of the five-day working week.

Infant Mortality.Infant deaths assigned according to causes.

Congenital malformations	1
Atelectasis	7
Pneumonia	9
Gastro-enteritis	3
Prematurity	3
Asphyxia	1
All other causes	4
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	28
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Infant Mortality (Cont.)Comparative Infant Death Rate Table.

1933	60.8	1943	46.8
1934	58.8	1944	47.3
1935	52.5	1945	28.8
1936	55.3	1946	40.7
1937	48.5	1947	46.2
1938	55.8	1948	38.46
1939	37.8	1949	30.0
1940	73.4	1950	21.4
1941	68.0	1951	27.5
1942	47.76	1952	28.5

28 children died during the year before reaching their first birthday, giving an Infant Death Rate of 28.3. Of these, 17, more than half, died within one month of birth giving a Neo-natal death rate of 17.2. Locally the increasing proportion of confinements taking place in hospitals does not yet appear to have had any favourable influence upon the neo-natal death rate. (The Neo-natal rate is the number of children dying within one month of birth per 1,000 children born.)

SECTION II

SPECIAL SURVEY OF LOCAL HEALTH SERVICES

PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

This special survey was submitted to the Ministry of Health early in 1953 in accordance with Ministry of Health Circular 29/52 and is now, by direction of the Ministry, included in the Annual Report for 1952.

A. GENERAL

1. Administration.

Medical Staff.

For the operation of the whole of the Public Health Services and the School Medical Services, the medical responsibility for the care of children in institutions and the discharge of other medical responsibilities delegated by the Council the medical staff consists of a Medical Officer of Health and two Assistant Medical Officers of Health. As these assistants are engaged almost wholly on clinical duties they are only fractionally available for administration and detailed co-ordination which is almost entirely discharged by the Medical Officer of Health. I have already in my 1950 report alluded to the need for a Deputy Medical Officer of Health to free me from a mass of daily detail in order to exercise a more general supervision over departmental work and to plan policy.

Nursing Staff.

The Senior Health Visitor is responsible for staffing and clinic arrangements in connection with the Maternity and Child Welfare and School Medical Services.

The Nursing Officer entirely handles the detail of district nursing and the supervision of midwives with only occasional need for reference to the Medical Officer of Health.

Ambulance Service.

The Ambulance Service as an agency service has its own Ambulance Officer responsible for the administration of the service and answerable only through his voluntary committee to the local Health Authority. As the Honorary Treasurer of the Voluntary Ambulance Committee is the City Treasurer and as its Chairman is the Medical Officer of Health the link between the Council and its ambulance service agency is very close.

Mental Health Service.

The Duly Authorised Officer responsible for the detail of the mental health services is housed in the Health Department, which since July 1952 has been able to include under its roof the whole staff of the sanitary section of the department.

This self-contained County Borough has, since the transfer of the hospitals, no joint arrangements with other local health authorities. There are certain "gentlemen's agreements" on minor detail matters with the County Medical Officer of Health, whose offices are only half a mile distant; and the mutual good will and respect that developed between the City and County

health departments when Dr. Wyndham Parker was County Medical Officer of Health are being happily sustained now that he has been succeeded by Dr. Pickup.

2. Co-ordination and co-operation with other parts of the National Health Service.

Certain members of the Council's Health Committee are also members of the Local Executive Council and the Hospital Management Committee. The Medical Officer of Health who had been a member of the Hospital Management Committee since its inception resigned, on account of pressure of his public health duties and other matters, in November 1952. This detachment from Hospital Management Committee matters was unfortunate, as the key position in public health matters of the Medical Officer of Health makes desirable his close association with hospital developments and his automatic inclusion on the Hospital Management Committee where his membership should not depend upon his acceptance by the Regional Hospital Board.

I have always regretted the transfer from local authority control of the infectious diseases hospital and the tuberculosis service, as it appears to me illogical to exclude from the infectious diseases hospital the Medical Officer of Health on whom still falls the responsibility for controlling outbreaks of infectious disease. In this field the divorce has been absolute; whether this has been in the best interests of the public or of the domiciliary practitioners is perhaps not for me to say.

With the tuberculosis service the closest co-operation has prevailed as the Council's tuberculosis health visitor functions at the chest clinics, the Chest Physician is a member of the Tuberculosis After-Care Committee, conducts his correspondence with the assistance of health department clerical staff, and is regularly in discussion with the Medical Officer of Health regarding treatment and prevention as they affect City patients.

Health Visitors co-operate in the case of hospital patients mainly in the after-care arrangements and inter-exchange of clinical information; district nurses operate only under the direction of general medical practitioners.

The close association, in a borough of this convenient administrative size, of general practitioners with the health department keeps them informed of services available through that department, reinforced by information bulletins and the occasional attendance of the Medical Officer of Health at the Worcester Medical Society Meetings.

Newspaper publicity and constant day to day propaganda by health visitors, school nurses and midwives keeps the public well informed of the public health services available.

If anything, the Public Health Department is too easily available to the citizens who are not slow to indicate what they are thinking and what they may be enduring.

No official guide to the local Health Services has been published for some years.

3. Joint Use of Staff.

One general practitioner only, operating a practice long associated with the Nursing Institute, conducts one ante-natal clinic weekly there.

No Medical Officer in the Council's employ works in the Hospital and Specialist Services nor do Consultants or other medical staff employed by the Regional Hospital Board work in the local Health Authority Service.

While Assistant Medical Officers of Health are free to attend occasional paediatric sessions at the Worcester Royal Infirmary little success has attended attempts to operate staff inter-change arrangements as suggested by the Birmingham Regional Hospital Board on advice from the Institute of Child Health, Birmingham.

4. Voluntary Organisations.

The Ambulance Service is operated on behalf of the local Health Authority by the Voluntary Ambulance Committee. The service is strongly supported by the St. John Ambulance Brigade and the British Red Cross Society to such an extent that only six paid driver-attendants are employed whole-time in a service catering for over 100,000 people. Voluntary assistance is still forthcoming to a limited extent at Child Welfare Clinics and the Tuberculosis After-Care Committee is a voluntary body raising its own funds in addition to the Health Committee grant it receives.

B. PARTICULAR SERVICES.

5. Care of Expectant and Nursing Mothers and Children under school age.

Expectant and Nursing Mothers.

The following facilities are available :-

Health Visitor Service.

Domiciliary Midwifery Service.

Ante-Natal Clinics.

Supply of dried milk, milk foods and vitamin supplements.

Dental Treatment.

Supply of Maternity Outfits.

Home Help Service.

Two ante-natal clinics weekly are held in a Local Authority Welfare Centre by the Local Authority's medical staff and one at the Nursing Institute premises by a domiciliary practitioner paid on a sessional basis by the Local Authority; this clinic has the associated function of training pupil midwives.

No assistance is given at clinics in general practitioners' own premises.

Blood testing (for Rhesus Factor, blood group and Wasserman Reaction) is carried out on all mothers attending the Local

5. Care of Expectant and Nursing Mothers and Children under school age. (Cont:)

Expectant and Nursing Mothers (Cont:)

Authority's ante-natal clinics, and also on behalf of practitioners on request.

All services are freely available to the unmarried mother; whose rehabilitation in approved cases is the financial responsibility of the Health Committee operating through the local Diocesan Moral Welfare Association.

Mothercraft training operates continuously at all welfare centres and through home visiting by Health Visitors.

Women needing institutional confinements are admitted to the beds provided locally by the Hospital Management Committee. Cases requiring admission on medical grounds go into the Unit opened in July 1952 at Ronkswood Hospital and cases expected to be normal are admitted on "social conditions" into the Hospital Management Committee's lying-in-units at Avenbury and Shrub Hill Hospital.

On behalf of the Regional Hospital Board the admission of "social conditions" cases is controlled by the Medical Officer of Health, acting on the recommendation of the Senior Health Visitor after the requisite information regarding the "social conditions" has been collected.

Maternity Outfits are supplied by the Senior Health Visitor from stocks maintained at the main Welfare Centre.

Child Welfare.

The following facilities are available :-

- Health Visiting Service.
- Child Welfare Centres.
- Home Help Service.
- Supply of dried milk; milk foods and vitamin supplements.
- Dental Treatment.
- Treatment of Minor Ailments.
- Child Guidance Service.
- Day Nurseries.
- Care of Premature Infants.

Infant Welfare Clinics.

Infant Clinic sessions are held weekly at five centres placed strategically in different parts of the City. Cases requiring it receive special reference, with the concurrence of the domiciliary practitioner, to the paediatric or other appropriate department of the Worcester Royal Infirmary or to the Eye Hospital. The clinics are attended by the Local Authority's medical staff. No assistance is given at clinics in practitioners' own premises.

Care of Premature Infants.

Premature babies requiring institutional care are dealt with at the Worcester Royal Infirmary (replaced since July 1952 by

5. Care of Expectant and Nursing Mothers and Children under school age. (Cont:)

Care of Premature Infants. (Cont:)

the Ronkswood Hospital Maternity Unit) or at the Maternity Units at Shrub Hill Hospital and Avenbury where there are special premature baby cots. Some babies gain admission to the Sorrento Hospital, Birmingham. For premature babies capable of being nursed at home the facilities recommended in Ministry of Health Circular 20/44 are provided.

Of the premature births notified 18 were born at home and 44 in hospital or nursing home.

Supply of Dried Milks, etc.

At all welfare centres arrangements exist for the storage and supply of infant foods and vitamin supplements. Cash and stock records are dealt with on behalf of the Ministry of Food by the Health Committee's Milk Clerk. I consider it most desirable that infant foods other than those privately bought at full cost should be supplied only from welfare centres where mothers should be able to obtain medical and nursing advice on all aspects of infant nurture; obtaining the infant's food should be more than a mere counter transaction. No other distribution centres need be provided and the association of the Ministry of Food with the distribution of infant foods is, in my view, quite redundant.

Dental Care.

With the appointment of a second Dental Officer to the School Medical and Public Health Services it has been possible to offer more time to the dental care of expectant and nursing mothers and children below school age.

All expectant mothers attending ante-natal clinics are now invited to attend for routine dental inspection, the number accepting the offer is still rather disappointing.

Details of work done are given below :-

For mothers :-	inspected	- 21
	received treatment	- 16

consisting of	60 extractions.
	9 fillings.
	4 general anaesthetics.
	6 scalings.
	2 full upper and lower dentures.
	1 partial denture.
	10 were made dentally fit.

For pre-school age children: -	inspected	- 47
	received treatment	- 38

consisting of	51 temporary teeth extracted.
	12 temporary teeth filled.
	4 general anaesthetics.
	7 dressings.
	36 were made dentally fit.

Domiciliary Midwifery.

The admission of increasing numbers of expectant mothers into hospital as cases or potential cases of difficult labour, into day-in-units as "social conditions" cases coupled with the availability to the expectant mother of the services of a domiciliary practitioner, is having its effect upon the practice of domiciliary midwifery by midwives whose bookings dwindle.

Midwives are now virtually maternity nurses and the Local Health Authority's provision of midwives is always in excess. The possibility of discharge for redundancy is always before the Local Authority's midwife, who through no fault of her own is likely to be broken on the wheel of legislation unless in middle life she is prepared to change to institutional midwifery.

The Council employs four district midwives operating from their homes and the equivalent of two teaching midwives with their pupils operating from the Nursing Institute. These midwives and one privately practising midwife are under the non-medical supervisor of midwives who is also head of the district nursing service.

To my regret the Council has reversed its previous policy of restriction of midwives to their own particular areas. There is now a "free for all" competition for the expectant mother in which the institutions came out winners during 1952 with 60.7% of the confinements, the midwives having their own private war for the remaining 39.3%.

All the local authority midwives are trained in gas-air analgesia for which the Council provides seven apparatuses.

The Nursing Institute continues to be a recognised training centre for Part II of the S.C.M. Course.

All local authority midwives have received refresher courses within the prescribed period.

7. Health Visiting.

The establishment of health visitors should be eight, including a Senior Health Visitor. At the end of the year there was one Senior Health Visitor and four health visitors, of whom one was over 65 years of age. These officers were assisted at clinics only by school nurses lacking the health visitor's qualification. The Council has at the moment two health visitor trainees who should join the Council's service in June 1953.

In addition to visiting of expectant and nursing mothers and young children the health visitors do follow-up and after-care work under Section 28 of the Act, occasional special visits in connexion with problem families and housing and normally visits in connexion with the School Medical Service, although staff shortages have temporarily taken health visitors out of the School Medical Service to concentrate wholly on maternity and child welfare.

Health visitors are sent to refresher courses as far as they can be spared in rotation.

8. Home Nursing.

Nursing in the home is operated from the Nursing Institute by general trained nurses holding the Queen's Institute of District Nursing qualification and nurses in training for that qualification, under the control of the Nursing Superintendent.

Home nursing is supplied on the recommendation of the practitioner in attendance on the patient, and visits following an emergency request are continued only under medical instruction.

Nursing of discharged hospital patients is operated with the requisite interchange of information but subject to the practitioner's approval, on the principle that the discharged patient automatically becomes the practitioner's responsibility.

With the gratefully acknowledged co-operation of the Worcester Royal Infirmary staff use is made in the Home Nursing Service of the Syringe Service. Not only does the patient share the protection of autoclaved syringes but there is considerable economy in nursing time by the elimination of syringe sterilization.

District Nurses are available for laying out the dead, a solicitous service greatly appreciated by bereaved relatives.

The Institute is a recognised training centre for Queen's Nurses. The Medical Officer of Health is responsible for and participates in the training; the trainees are well grounded in the preventive aspects of medicine and become useful public health propagandists. The Nursing Superintendent constantly secures training successes and in 1952 a male trainee secured one of the only two distinctions awarded in the national examination results.

Night services are given in emergency only and refresher courses are provided particularly for senior staff.

9. Vaccination and Immunisation.

Vaccination figures dropped in 1952 to the low level of 15% of the infant births despite the propaganda efforts of midwives and health visitors and other publicity. Persuasion has failed to replace the repealed Vaccination Acts as a means of securing general vaccination.

As regards immunisation against diphtheria the day to day propaganda including birthday card reminders to the parents of all infants is supported by special autumnal publicity. Boosting injections are offered at all schools and personal letters are addressed to Head Teachers. Immunisation is done at all welfare and school clinics in addition to that carried out by practitioners.

Although a certain amount is performed by practitioners no immunisation against whooping cough is so far practised in the Public Health Service as a guide on policy and a pronouncement on approved antigens is still awaited from the Ministry of Health.

No cases of smallpox and no clinical cases of diphtheria occurred during the year.

10. Ambulance Service.

Arrangements for the discharge of the Local Authority's responsibilities continue unchanged. The useful part played by the St. John Ambulance Brigade and the British Red Cross Society in assisting in the operation of the service is again acknowledged.

The sitting-case car service is not always fully operative and from time to time the ambulance service has to step into the breach. Fusion of the services under the control of the Ambulance Officer would in my view be a forward and economic step.

No significant abuses of the service have been encountered although some patients fail to appreciate that they should, if possible, make use of ordinary transport facilities, and are inclined to expect the use of ambulance service transport as an automatic right.

Increasing use is made of railway facilities for long distance journeys and valuable co-operation in this connexion is received from British Railways. Long distance journeys by ambulance are becoming relatively rare.

The latest method of artificial respiration, the Holger Neilson method, has been taught to all ambulance staff.

The work done within the service is briefly summarised below:-

Number of vehicles at December 31st 1952	6 ambulances
Total number of patients carried during the year	5825
Total mileage during the year	31101
Number of paid whole-time staff at December 31st 1952	7 members

Infectious Diseases Patients.

Infectious diseases patients are conveyed by a separate infectious diseases ambulance stationed at the City Isolation Hospital and operated by the driver from that hospital, the running costs being shared with the Hospital Management Committee. This vehicle is available for the removal of cases of smallpox or suspected smallpox occurring in the City or in the southern part of the County.

During the year 2316 miles were travelled in connexion with removals in infectious diseases cases.

Sitting Case Car Service.

By an agency arrangement the Local Health Authority provides a sitting case car service, in the form of a voluntary car service operated from the Worcester Royal Infirmary. Work done during the year is shown below :-

Total number of journeys during the year	2325
Total mileage during the year	27215

11. Prevention, Care and After-Care.

(1) Tuberculosis.

The constitution of the Tuberculosis After-Care Committee, now with a domiciliary medical practitioner as its Chairman, has continued as previously.

There is close liaison between the Medical Officer of Health and the Chest Physician whose valued recommendations regarding after-care are implemented as far as possible.

The Housing Committee continues to give high priority to the needs of tuberculous patients and particular care is taken that no child contacts are exposed to undue risks from bad housing conditions.

It is regretted that it has not yet been possible to arrange satisfactory occupational therapy for discharged sanatoria patients.

The Christmas Seal sales reached the record figure of £102.3.3. thanks mainly to the energetic organisation of the Chief Clerk of the Public Health Department who has been secretary to the Tuberculosis After-Care Committee since its inception.

(2) Illness Generally.

After-care of other patients is shared between health visitors, school nurses and district nurses. The arrangements with hospitals for notifying discharge of patients operate satisfactorily.

After-care of mental patients is the special concern of the Duly Authorised Officer.

In all these matters useful co-operation is received from the Women's Voluntary Services, the National Assistance Board, Ministry of Labour, Children's Officer, Director of Welfare and others.

Nursing aids including the provision of wheeled chairs are issued on loan from the Nursing Institute.

12. Domestic Help.

The Domestic Help Service is operated on behalf of the Local Health Authority by the Women's Voluntary Services, whose organiser is responsible to the Medical Officer of Health.

Home Helps are whole-time (42 hours weekly), guaranteed part-time (22 hours weekly) and occasional-time. At the end of the year there were 25 Home Helps employed by the Local Authority.

No administrative charges are made against the Local Authority by the Women's Voluntary Services.

The service continues to expand rapidly and because of the demand it has not been possible to repeat the initial training arrangements.

During the year service was given to 281 applicants, including 69 confinement cases. The gross cost of the service was £4012, of which £1845 was recovered.

13. Health Education.

Use is made of the facilities made available to Local Authorities by the Central Council for Health Education, more particularly by means of their various leaflets. The Council's lecturers have been used in connexion with food hygiene; on which subject the Deputy Chief Sanitary Inspector has been a useful speaker. This most fruitful branch of preventive medicine cannot, however, be adequately exploited with the present staff and would justify the appointment of a special officer.

14. Mental Health.(1) Administration.(a) Committee responsible for service.

The Local Health Authority discharges its Mental Health Service through a Mental Health Services Sub-Committee of five Council members and four co-opted members.

(b) Number and qualifications of staff employed in the Mental Health Service.

The Medical Officer of Health is personally responsible for the work of the service with the assistance of one Duly Authorised Officer who is relieved, as necessary, by the senior clerk of the Public Health Department, so that a 24 hour service is always provided. At the end of 1951 the senior Duly Authorised Officer died and his part-time assistant replaced him.

There is now no Occupation Centre.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees.

No Psychiatric Social Worker is attached to the department but psychiatric out-patient facilities at the Royal Infirmary are available to patients, the clinics being staffed from the Powick Mental Hospital.

(d) Duties delegated to Voluntary Associations.

No duties are delegated to voluntary associations.

(e) Whether arrangements have been initiated for the training of staff.

No arrangements have been initiated for the training of staff. The difficulty of obtaining persons with a Social Science Diploma or a Diploma in Mental Health is well known. The present Duly Authorised Officer is a former Relieving Officer. The skill of such people in the handling of lunatics is appreciated by many Medical Officers of Health. Unfortunately they are a dying race and their replacement bristles with difficulties.

14. Mental Health. (Cont:)(2) Account of work undertaken in the community.

- (a) Under Section 28, National Health Service Act, 1946; measures taken for prevention of mental illness, care and after-care of the mentally ill and defective.

There is regular visitation by the Duly Authorised Officer of all mental defectives under guardianship, on licence from institutions and under Statutory or Voluntary Supervision. Additional special visits are paid at the request of Medical Superintendents and the Board of Control.

- (b) Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers / Mental Health Staff.

Patients discharged on a trial discharge are visited unless unwilling to accept after-care services. There is close co-operation between the Duly Authorised Officer and the Employment Exchange in the interests of discharged patients.

- (c) Under the Mental Deficiency Acts 1913 - 1938.

- (i) Arrangements for ascertaining and supervising mental defectives.

As the Medical Officer of Health is the School Medical Officer, ascertainment of youthful defectives operates automatically via the School Medical Service. Ascertainment of defectives of pre-school age operates mainly through the Child Welfare Service. Information also flows in from medical practitioners, Director of Welfare, Children's Officer and members of the general public.

Reference to supervision has already been made above.

- (ii) Guardianship.

The number of cases under guardianship tends to diminish, fewer people are willing to undertake this exacting responsibility. Institutional care with the opportunities it affords of communal life is more suited to those defectives ascertained as "fit to be dealt with" and relatives increasingly prefer it.

- (iii) Arrangements for carrying out the statutory duty to provide occupation and training for defectives in the area.

No arrangements provided at present.

Statistics dealing with the Mental Health Service are set out below:-

Lunacy Acts.

<u>Patients certified and admitted to Hospital.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(a) Under Section 16	6	9	15
(b) Under Section 20	11	16	27

of these 27 patients 4 were later certified under Section 16 and 23 were transferred to the Voluntary Block.

Patients discharged or died during the year.

Discharged	7	5	12
Died	4	5	9

14. Mental Health. (Cont:)2. Account of work undertaken in the community.Statistics dealing with the Mental Health Service (Cont:)

<u>MENTAL TREATMENT ACT 1930.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(a) Admitted as voluntary patients	52	51	103
(b) Left hospital	41	43	84
(c) Died	-	1	1
(d) Admitted as temporary patient	-	1	1
Died as temporary patient	-	1	1

Ascertainment including number of defectives awaiting vacancies in institutions at the end of the year.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
In Institutions	39	40	79
Under guardianship	3	3	6
Under Statutory Supervision	21	17	38
Under Voluntary Supervision	25	19	44
Awaiting admission to institution	2	1	3
Number in training	-	-	-
Number ascertained in 1952	1	3	4
Number admitted to institutions	1	2	3
Number placed under Voluntary Supervision	-	1	1
Number not subject to be dealt with	-	-	-
Cases ceased to be under care	2	1	3
Died, removed or lost sight of	-	2	2
Given birth to child while unmarried	-	1	1

Approximate number of visits paid to mental defectives - 415

The following statistical information is included in amplification of the Survey Report.

Home Nursing.

	Number of Home Nurses employed at end of year		Equivalent Wholetime home nursing service provided in Col. (3)	No. of cases attended by Home Nurses during the year	No. of Visits paid by Home Nurses during the year.
	Whole-time on home nursing	Part-time on home nursing			
(1)	(2)	(3)	(4)	(5)	(6)
L.H.A.	13	-	-	1237	27,114

During the year 11 candidates, locally trained, were submitted for the examination of Queen's Nurse and 11 were successful, one passing with credit, a distinction shared by one other candidate only throughout the country.

Child Welfare Centres.

No. of Centres provided at the end of the year.	No. of Child Welfare Sessions now held per month at centres in column (1)	No. of children who attended centres in column (1) during the year.	No. of children who 1st attended the centres during the year and who on the date of their 1st attendance were:-		No. of children in attendance at the end of the year who were then:-		Total No. of attendances made by children included in column (3) during the year:-	
			Under 1 yr. of age	Over 1 year of age	Under 1 year of age	Between the ages of 1 and 5	Under 1 year of age	Over 1 year of age
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
5	24	1075	550	21	397	640	8404	2268

Care of Premature Infants

Of the 62 premature live infants born (i.e. with birthweight below 5½lbs.) 18 were born at home and 44 in hospitals; additionally there were two premature still births at home and 14 in hospitals

The following table deals only with those premature infants born at home. Those born in hospital were the subject of a separate return to the Ministry of Health.

Birth Weight	Premature still-births	Premature live births					
		Nursed entirely at home					Transferred to Hospital
		Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
2lb.3oz. or less	-	-	-	-	-	-	-
Over 2lb.3oz. up to and including 3lb.4oz.	1	-	-	-	-	-	1
Over 3lb.4oz. up to and including 4lb.6oz.	-	-	-	-	-	-	4
Over 4lb.6oz. up to and including 4lb.15oz.	1	-	-	-	3	3	-
Over 4lb.15oz. up to and including 5lb.8oz.	-	-	-	-	9	9	1
Totals	2	-	-	-	12	12	6

Domiciliary Midwifery Service.

Notice of intention to practise was given during the year by 38 midwives. No disciplinary action had to be taken by the local supervising authority in respect of any midwife.

The following table indicates the amount of domiciliary and also the amount of institutional midwifery, which accounted for 68.7% of all confinements.

Number of maternity cases in the area of the Local Supervising Authority attended by Midwives during the year.					
Domiciliary Cases		Cases in Institutions		Totals	
As Mid-wives (1)	As Mater-nity Nurses (2)	As Mid-wives (3)	As Mater-nity Nurses (4)	As Mid-wives (5)	As Mater-nity Nurses (6)
(1) Midwives employed by the Authority	56	340	-	-	56 340
(2) Midwives employed by voluntary Organisations-					
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ...					
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act.)	-	-	-	-	-
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act..	-	-	24	863	24 863
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	3	4	-	-	3 4
TOTALS	59	344	24	863	83 1207

(5) No. of cases (which should be included in columns (3) or (4) and excluded from columns (1) or (2)) attended by domiciliary midwives after discharge from the hospital or institution and before the fourteenth day..53.....

Medical Aid.

Domiciliary Midwives required medical aid in 21 cases or 25.3% of their total cases. The causes for needing medical aid are listed below.

FOR THE MOTHER.

Ruptured perineum	4
Pyrexia	4
Primipara	2
Inflamed veins	1
Dyspnœa	1
Rigid soft parts	1
Albuminuria	1
Delayed labour	1
Total	<u>15</u>

FOR THE CHILD

Sticky eyes	4
Prematurity	1
Deformity (extra digit)	1
Total	<u>6</u>

Grand Total 21

Health Visiting

	Number of Health Visitors employed at end of year.		Equiv- alent Whole- time H.V. services provided under col.(3) (all classes in- cluding atten- dance at C.Welfare Centres.	Number of visits paid by Health Visitors during the year.							
	Whole- time on health visit- ing.	Part- time on health visit- ing.		Expectant mothers		Children under 1 year of age		Children between the ages of 1 and five.		Other cases	
				1st vis- its	Tot- al vis- its	1st vis- its	Tot- al vis- its	1st vis- its	Tot- al vis- its	1st vis- its	Tot- al vis- its.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	-	4	2.6*	344	372	1049	3535	-	5164	-	1473

SECTION IIICOMMUNICABLE DISEASES

Notification of infectious diseases during the year are given below:-

	<u>Number of Notifications</u>
Scarlet Fever	137
Measles	280
Whooping Cough	277
Acute Primary and Acute Influenzal Pneumonia	50
Erysipelas	6
Dysentery	17
Meningococcal Infection	2
Food Poisoning	4
Tuberculosis - Pulmonary	79
Non-Pulmonary	5
Ophthalmia Neonatorum	27
Puerperal Pyrexia	11
Acute Poliomyelitis - Paralytic	5
Non-Paralytic	8

Diphtheria

Again another year has passed without a notified or clinical case of diphtheria which is fast becoming a clinical rarity.

The following table illustrates the decline of diphtheria and is a striking reminder of the value of preventive medicine scientifically conceived and properly applied.

Totals of deaths and notifications in England and Wales and Worcester City during the past nine years.

<u>Year.</u>	<u>England and Wales</u>		<u>Worcester City</u>	
	<u>Cases notified</u>	<u>Deaths</u>	<u>Cases notified</u>	<u>Deaths</u>
1944	23,199	934	148	2
1945	18,596	722	47	-
1946	11,986	472	13	-
1947	5,609	244	17	-
1948	3,575	156	3	-
1949	1,890	84	4	-
1950	962	49	-	-
1951	664	33	3	-
1952	376	32	-	-

Poliomyelitis.

13 cases of poliomyelitis were admitted to hospital, 5 suffering from the paralytic form of disease and 8 suffering from the non-paralytic form being diagnosed as a result of laboratory investigations. There were no deaths.

Precise knowledge of the spread of this baffling disease is still lacking and accordingly its control and prevention cannot yet be organised on a scientific basis.

Poliomyelitis (Cont'd)

Two factors held by some to be related to the spread of the disease have received some publicity; they are swimming pools and immunisation against diphtheria. The most careful field enquiries are made into each case that occurs locally and certain information passed on to the Medical Research Council. So far not a single case has been in any way associated with swimming pools and I have never thought fit to advise closure of the Council's swimming bath with its filtered and chlorinated water supply. Similarly despite the many thousands of children immunised against diphtheria no local case of poliomyelitis has ever been remotely associated with immunisation against diphtheria and I have never considered it necessary to suspend immunisation arrangements at the Council's clinics.

The presence of poliomyelitis virus in excreta is accepted and during the minor outbreak referred to, I was very much concerned to discover that at the local isolation hospital no steps were being taken to disinfect the excreta of poliomyelitis patients which were passing directly to a sewage purification plant which had become very inefficient. Nevertheless swabs suspended in the effluent failed to grow poliomyelitis virus, which under the circumstances was fortunate.

Tuberculosis.

The arrangements for the diagnosis and treatment of tuberculosis outlined in the reports for 1950 and 1951 continue and the liaison between the Chest Clinic and Public Health Department from which the Chest Physician still conducts his administration, is most satisfactory and advantageous to the patient. Certainly in this area the patient is better served as a result of the National Health Service Act, and this not merely because of the new drugs available for the treatment of the disease, but mainly because responsibility for diagnosis and treatment is vested in a whole-time Chest Physician of consultant rank and qualification.

A most welcome feature of the local tuberculosis service is the relative abolition of the period of waiting for admission to sanatorium. While before the Act our bed provision had been good and our waiting lists small, the extension of home treatment and rapid turnover of sanatorium beds has greatly improved the service.

These facts combined with mass miniature X-ray should soon be bearing still more fruit in the form of reduced incidence and reduced death rate.

Notifications

<u>Year</u>	<u>Respiratory</u>	<u>Non-Respiratory</u>
1942	74	6
1943	67	19
1944	53	14
1945	52	15
1946	49	11
1947	42	14
1948	47	14
1949	53	15
1950	36	10
1951	56	12
1952	79	5

Tuberculosis (cont.)

Deaths - No. of deaths from Tuberculosis in Worcester City during the last 10 years.

<u>Year</u>	<u>Respiratory</u>	<u>Non-Respiratory</u>
1943	32	9
1944	33	13
1945	37	5
1946	34	7
1947	33	7
1948	35	5
1949	26	6
1950	24	2
1951	17	2
1952	18	1

Venereal Disease.

The Annual Statistical Report of the Medical Officer in charge of the Clinic is given below. The great merit of the report is its negative quality. While much investigation work was done and the attendances still run into four figures, new cases of syphilis were negligible and new cases of gonorrhoea numbered less than one a week. On the other hand one is struck by the number of persons attending the clinic found to require no treatment.

From the figures no deductions regarding the morals of the citizens can be drawn; they are, however, an indication that the disease is no longer disquieting.

Extracts from the annual statistical report of the Medical Officer in charge of the clinic are given below:-

1. Number of patients on January 1st under treatment or observation.	120
2. Number of patients removed from the register during any previous year which returned during the year under report for treatment or observation of the same condition.	4
3. Number of patients dealt with for the first time during the year suffering from:-	
(a) Syphilis, primary	2
(b) " secondary	3
(c) " latent in first year of infection	4
(d) " cardio-vascular	1
(e) " of the nervous system	1
(f) " all other late or latent stages	9
(g) " congenital (under 1 year)	1
(h) " " (over 1 year)	2
(i) Gonorrhoea	39
(j) Chancroid	1
(k) Lymphogranuloma venereum(Syn.Lymphogranuloma inguinale)....	-
(l) Granuloma inguinale(Syn. Granuloma venereum)....	-
(m) Non-gonococcal urethritis (males only)	28
(n) Any other conditions requiring treatment	33
(o) Conditions not requiring treatment	75
(p) Conditions remaining undiagnosed at December 31st	-
	<u>199</u>

Venereal Disease (cont.)

- | | | | |
|----|--|--------|-------------|
| 4. | Number of patients dealt with for the first time who have been transferred from other Centres (Civil or Service) or from practitioners approved under Ministry of Health Circular 2226 | ... | 8 |
| 5. | Number of patients suffering from syphilis and gonorrhoea discharged after completion of treatment and the final tests of cure, or who were diagnosed as "other conditions". | | 170 |
| 6. | Number of patients remaining under treatment or observation on December 31st. | | 120 |
| 7. | Number of attendances:- | | |
| | (a) for individual attention by the physician | | 1602 |
| | (b) for intermediate treatment e.g. dressings, etc. | | 498 |
| | | Total | <u>2100</u> |

8. Pathological Work.

	Microscopical		Cult- ural	Serum		Cere- bro spinal fluid.	Others Tricho- monas Vagina- lis
	for Syphi- lis	for Gonorr- hoea		for Syphi- lis	for Gonorr- hoea		
(a) Number of specimens examined at and by the Medical Officer of the Treatment Centre.	17	328	152	-	-	-	46
(b) Number of specimens from patients at the Treatment Centre sent to a pathological laboratory.	-	-	-	371	14	23	-

Venereal Disease (Cont.)

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

	Worcester City		Worcester County		Other Areas		Total
No. of cases from each area included under the following headings in item 3.	M.	F.	M.	F.	M.	F.	
Syphilis	4	4	6	9	-	-	23
Gonorrhoea	17	6	10	6	-	-	39
Other conditions.	41	12	50	21	10	3	137
Totals	62	22	66	36	10	3	199

It must be emphasised that the above statistics relate to work done at the Treatment Centre for patients from the City, from the County and from other areas. New cases from the City dealt with for the first time are indicated in the table above and totalled 84 for the year.

Food Poisoning.

Food Poisoning is notifiable to the Medical Officer of Health and by him to the Registrar General. Because of its mode of spread, which can on occasion be very rapid, it is properly regarded as an infectious disease.

Four cases only were notified and those were not of a serious nature. There were probably many more cases not brought to light because of their trifling and evanescent character.

While a cold climate safeguards us against the consequences of an indifferent national standard of food handling, we should constantly strive to improve on food hygiene while retaining a sense of proportion in these matters.

The prevention of the common cold with its troublesome, sometimes dangerous and occasionally fatal complications is of infinitely greater importance than the prevention of food-poisoning though this need not be neglected.

SECTION IV

OTHER HEALTH DEPARTMENT SERVICES

(a) Examination of Plans

All plans submitted to the Local Authority come for scrutiny to the Health Department before being presented by the Planning Officer to whom departmental observations are addressed. As these plans also receive the attention of the City Engineer and Surveyor, the public and the prospective house purchasers receive a triple protection.

During the year the Medical Officer of Health with the Chief Sanitary Inspector examined 511 plans.

(b) National Assistance Act, 1948. Section 47.

A number of cases were investigated for possible action under Section 47 of the National Assistance Act, 1948, but in no case was it necessary to invoke the aid of the law; persuasion having been successful.

(c) Medical Examination of Local Authority Staff.

Medical Examination of the Council's officers and servants prior to taking up their appointments continues to be carried out by the Council's medical staff.

In 1949 there were 41 of these examinations; in 1952 there were 189.

(d) Pet Animals Act, 1951.

This Act came into operation on April 1st, 1952 and its operation was "awarded" to the Health Department probably because on rare occasions pet animals have been known to communicate disease to man.

By arrangement, the few pet shops registered, are properly supervised by a veterinary surgeon who also reports upon new applications for licensing.

(e) Pharmacy and Poisons Act.

Inspectoral duties under this Act are carried out by an assistant Medical Officer of Health; during the year 77 applicants were granted licences to sell Part II Poisons.

SECTION VSANITARY CIRCUMSTANCES OF THE AREAWater Supply

The dirty Severn water is subjected at the water works to processes of gravity and pressure filtration, followed by chlorination and the quality of the final product is reflected in the analyst's report of an average specimen given below.

While the purity of the City's water supply is unassailable, its flavour in the late Summer is sometimes criticised by persons who mistake for excessive chlorination the volatile filter-passing products of algal growth.

A close and happy co-operation between the Water Department and the Health Department ensures that the supply is well safeguarded and with the help of the Public Health Laboratory Service any necessary investigations regarding possible carriers can be made. So far, in 24 years, no water borne epidemic has been experienced.

Certificate of AnalysisTap water

I hereby certify that I have examined the above sample chemically with the following results:-

Chemical Examination

	<u>Parts per</u> <u>100,000</u>
Physical characters	very slight brown
Odour	none
Deposit	none
Solids in suspension, dried at 100°C	nil
Solids in solution, dried at 180°C	18
Solids in solution after ignition	15
Chlorides calculated as common salt	5.8
Hardness:- permanent	2
temporary	5
total	7
Free and saline ammonia	0.002
Albuminoid ammonia	0.0092
Nitric nitrogen (Nitrates)	0.12
Nitrous nitrogen (Nitrites)	Nil
Oxygen absorbed in 4 hours at 27°C	0.36
Toxic metals	None detected
Free chlorine on receipt	0.001

Opinion - The chemical condition of the sample is satisfactory.

(Signed) M. M. LOVE

City Analyst.

- (a) The water supply was entirely satisfactory in quality and quantity, the consumption for all purposes being 54.18 gallons per head of population.
- (b) 52 bacteriological and 12 chemical analyses were made of raw water before treatment.
52 bacteriological and 12 chemical analyses were made of purified water going into supply pipes.
6 bacteriological and 20 chemical analyses were made of water from consumer taps.
- (c) The water has no plumbo-solvent action.
- (d) No contamination of water supply occurred.
- (e) 17867 dwelling houses are supplied direct; 335 houses with a population of approximately 1,200 are served by standpipes.

SEWERAGE

The major extension of sewerage to drain the new housing estate at Dines Green was completed during the year.

Trouble from inadequate sewerage arrangements continues to affect portions of Bilford^{Rd.} during rainstorms. The need for more extensive watercourse culverting increases as the area becomes increasingly built-up.

CLOSET ACCOMMODATION.

With the exception of 48 houses served by pail-closets and 87 by septic tanks on account of low-levels making drainage impracticable, the water carriage system of sewage collection is universal.

CAMPING SITES

In addition to the Council's Camping Site at Swanpool for 28 caravans there is a private site for 4 caravans.

Licences, covering a period of six months only, were issued during the year to 17 individual caravan dwellers.

SMOKE ABATEMENT

Worcester is a relatively smoke free City thanks to an increasing use by industry of electrical power, which approximates 25,000 horse power. Where factories still use solid fuel, considerable help as well as careful supervision is afforded by the inspectorial staff of whom one possesses the appropriate Smoke Inspector's Qualification.

BATHS AND SWIMMING POOLS

At the Council's Open Air Baths at Sansome Walk a high standard of purity of water is maintained and samples taken by the Health Department Staff have proved satisfactory during the year. Responsibility for the Public Baths rests with the City Engineer assisted by a very experienced Baths Manager.

SANITARY INSPECTION OF THE AREA

The Chief Sanitary Inspector reports as follows:-

Abatement of Nuisances.

632 complaints were received. Their abatement called for 212 Request Notices. In 64 cases the Health Committee ordered the service of Statutory Notices. No legal proceedings were instituted.

Sanitary operations are summarised below:-

INSPECTIONS - The following table shows the number and nature of inspections carried out during the year 1952.

Housing Inspections	223
Public Health Inspections	1624
Re-inspections	1587
Infectious Disease, Visits to houses	213
Common Lodging Houses, Visits	6
Houses let in Lodgings, Visits	9
Dairies, Cowsheds and Milkshops	49
Offensive Trades	16
Factories	140
Bakehouses	23
Slaughterhouses	39
Canal Boats	5
Dustbin Inspections	38
Food Shops and Markets	980
Places where animals kept	58
Drains smoke-tested	48
Smoke observations	34
Ice Cream Shops	79
Overcrowding investigations	341
Schools	19
Unclassified	47

Number of Notices served and Summary of Work carried out during the year 1952.

No. of Notices (Prelim.) served	212
No. of Notices (Statutory) served	64
No. of Statutory Notices served in connection with Housing	64
No. of letters sent with regard to Notices, etc.....	211
No. of complaints received and investigated	632
No. of Notices sent to Schools re Infectious Diseases	226
Rooms cleansed and limewashed	29
Dilapidated walls, floors, windows, etc. repaired	164
Defective roofs and spouting repaired	115
Damp walls cured	34
Wash-houses repaired, cleansed and limewashed	25
Wash-houses floored and yards re-paved or repaired ...	4
Glazed stoneware sinks fitted	5
Sink waste pipes and rainwater pipes disconnected from drains	5
Drains opened and cleansed	72
Defective drains repaired or reconstructed	47
Glazed stoneware gully traps fixed	11
Water closets repaired, cleansed and limewashed	26
Water closets flushing cisterns repaired	31
Water closets provided with new basins and traps	23

Number of Notices served and Summary of Work carried out during the year 1952 (cont.)

Defective joints in pans, traps and flush pipes repaired	20
Houses provided with sufficient water supply	7
Nuisances from improper keeping of animals	10
Accumulation of manure removed	1
Miscellaneous	82
Houses, W.C's etc. cleansed by occupier	1
Wastes of water reported to Water Inspector	4
Rooms disinfected after infectious diseases	239
Verminous houses fumigated	22
Samples of Food and Drugs collected for City Analyst	298
Samples of Fertilisers and Feeding Stuffs for City Analyst	9
Samples of Milk for bacteria count	296
Samples of Milk for tubercle bacilli	1
Samples of Tap and well water	14
Samples of Ice Cream	74

OFFENSIVE TRADES

Offensive trades operated in the City are listed below:-

	<u>Old</u>	<u>Annual</u>	<u>Total</u>
Tripe Boilers	-	1	1
Fellmongers	2	1	3
Rag and Bone	-	3	3
Hide and Skin	1	-	1
Gut Scraper	1	-	1
Fat Melter	1	-	1

No legal proceedings had to be taken during the year for nuisance caused by the operation of offensive trades.

COMMON LODGING HOUSES

There were two common lodging houses in use in the City at the end of 1952, both of which cater for regular lodgers only. There is a need for a municipally owned common lodging house and the provision of such premises is under consideration.

HOUSES LET IN LODGINGS.

There are at present five houses which were registered in 1938.

FACTORIES ACT, 1937.

The following details are submitted:-

Power Factories	298
Non-power Factories	109
Other Premises	21

Defects found and remedied:-

Insufficient sanitary conveniences	3
Defective sanitary conveniences ..	14
Miscellaneous offences	8

Inspection of Factories:-

	<u>No. of Inspections</u>	<u>Written Notices</u>	<u>Prosecution</u>
Factories (with power)	72	8	-
Factories (without power)	49	4	-
Other premises (excluding outworkers.)	19	-	-

OUTWORKERS

Number of outworkers on the August list was 846. Occasional visits are made to outworkers' premises and where a case of Infectious Disease occurs the articles are disinfected and the parent firm notified.

BAKEHOUSES

There were 23 bakchouses in the City at the end of 1952. Of those 11 were classified as factories with mechanical power and 12 without power.

HOUSING

No further progress has been made with Slum Clearance, but dangerous and virtually untenable property has been the subject of representations under the Housing Acts as follows:-

During the year 15 Demolition Orders and 1 Closing Order were made. 42 houses were demolished during the year.

Housing Act, 1936Summary of Slum Clearance Action with details of representations.
Position at 31.12.52.

	Dwelling Houses	Common Lodging Houses.	Houses let in Lodgings	Buildings	No. of persons displaced
From 1930 to 1938	1,430	4	12	17	4,660
Clearance Area 1939-1952	11	-	-	1	15

RE-HOUSING

The following details of post war rehousing have been kindly supplied by the City Engineer

at 17th December, 1952

New permanent houses	1,354
New temporary bung ows	56
New self-contained flats in converted houses	33
Other requisitioned houses	24
War destroyed houses rebuilt	1
Existing Council Houses let to Housing Register applicants	586
	<u>2,054</u>

The total represents an increase of 372 over 1951.

INSPECTION AND SUPERVISION OF FOOD

Increasing attention is being focused upon the hygienic production and retail sale of food; and thanks largely to the activities of the Deputy Chief Sanitary Inspector, standards are being steadily raised as a result of persuasion rather than coercion.

MILK.

Dairy premises registered 11
Distributors registered 19

Milk (Special Designation) Regulations

Dealer's (Pasteuriser's) Licences 5
Dealer's (Pasteurised) Licences 6
Dealer's (Tuberculin Tested) Licences 5
Supplementary Licences (Tuberculin Tested) .. 2
Supplementary Licences (Pasteurised) 4

Bacteriological Examinations

	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Total</u>
Pasteurised Milk	169	3	172
Tuberculin Tested Milk	43	1	44
T. T. Pasteurised	54	—	54
Raw Milk for B. Abortus . . .	23	3	26
	<u>289</u>	<u>7</u>	<u>296</u>

The 3 unsatisfactory samples of pasteurised milk came from plants within the City: subsequent investigations showed the two samples had been incorrectly labelled, and one sample was incorrectly pasteurised due to an error in the thermometer.

The 3 samples of raw milk found unsatisfactory on examination for B. Abortus and B. Melitensis, were produced at farms outside the City. Information was transmitted to the appropriate authority.

The unsatisfactory sample of raw T.T. Milk was bottled at premises outside the City. The appropriate authority was informed and subsequent samples taken in the City proved satisfactory.

ICE CREAM

At the end of the year the following registrations were in force:-

Premises registered for manufacture 12
" " " storage 2
" " " sale 40
" " " sale in prepacked quantities 130

During the year 29 informal samples and 1 formal sample of ice cream were submitted for chemical analysis. The formal sample was found to be deficient in fat content and the manufacturer was prosecuted. She pleaded "Guilty" and was fined £5. 44 samples of ice cream were submitted for bacteriological examination, and of these 42 were Grade I and 2 were Grade III

SLAUGHTERHOUSES

There are, in addition to the Public Slaughterhouses, 14 Private Slaughterhouses in the City, 2 of which have to be used as emergency slaughterhouses when the flooding of the River Severn has caused the Public Slaughterhouse to be untenable.

Number of Animals slaughtered during 1952 at the Public Slaughterhouse.

<u>Beasts</u>	<u>Pigs</u>	<u>Calves</u>	<u>Sheep</u>
5947	4389	1906	19,028

Meat condemned during 1952

	<u>T.B.</u>	<u>Other Diseases.</u>
<u>Beasts</u> (whole carcasses)	63	70
Offals	31	3
Heads	330	46
Lungs	642	172
Livers	164	1455
<u>Pigs</u> (whole carcasses)	11	82
Heads	166	-
<u>Calves</u> (whole carcasses)	3	45
<u>Sheep</u> (whole carcasses)	-	111
Livers	-	2030

Total weight of meat condemned, 70 tons 8cwt. 97lbs.

FOOD & DRUGS - SAMPLING

Formal Samples 95 Informal Samples 205

Prosecutions.

One milk producer was prosecuted for selling milk to which water had been added. He appeared before the City Magistrates in answer to two summonses and was found guilty and fined a total of £20 with £5 costs.

Another producer was prosecuted for selling milk to which water had been added. She answered to four summonses and was found guilty and fined £20 with no costs.

UN SOUND FOOD.

The following unsound food was condemned:-

Eggs, number	5393
Fish	108½ stone
Tinned Goods (other than ham)	10762 lbs.
Other Goods	9353 lbs.
Tomato Juice	16020 gallons
Tinned Ham	2292 lbs.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year 8 test samples and 1 formal sample were taken. Two informal samples were found not to conform to the guarantee. Attempts to secure formal samples were unsuccessful as stocks had become exhausted.

RODENT CONTROL.

During the year the staff were engaged on 507 cases of infestation.

Estimated number of rats destroyed, 6,960. All refuse dumps, tips, etc. are inspected every three months, and all sewers are treated with poisoned bait every six months.

